

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007314

FILED
Apr 08, 2005
Secretary of State

Entity Name: MIRAMAR SELF STORAGE I, LLC

Current Principal Place of Business:

2951 FLOWERS ROAD SOUTH, SUITE 220
ATLANTA, GA 30341

New Principal Place of Business:

Current Mailing Address:

2951 FLOWERS ROAD SOUTH, SUITE 220
ATLANTA, GA 30341

New Mailing Address:

FEI Number: 59-3636236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LOVE, ROBERT T
Address: 2951 FLOWERS RD SO. SUITE 220
City-St-Zip: ATLANTA, GA 30341

Title: MGRM () Delete
Name: ATLANTIC INVESTOR GR, OUP
Address: 100 ATLANTA TECHNOLOGY CENTER
City-St-Zip: ATLANTA, GA 30318

Title: MGRM () Delete
Name: BROWN, BARDEN
Address: 419 CROSSVILLE RD STE 103
City-St-Zip: ROSWELL, GA 30075

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT T. LOVE

MGRM

04/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date